OIPE JC139
MAR 0 8 2004
PATENT & TRADEMARK OFFICE

PTO/SB/01 (08-03)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted With Initial Filing *OR* ☑ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	45261-15
First Named Inventor	PEDERSON, Larry Verne
COMPLETE IF KNOWN	
Application Number	10/677,488
Filing Date	October 3, 2003
Art Unit	2875
Examiner Name	Not Known

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIGHT THERAPY DEVICE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☑ was filed on (MM/DD/YYYY) October 3, 2003 as United States Application Number or PCT International Application Number 10/677,488 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	No
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☑ Customer Number: 23971 *OR* ☐ Correspondence address below

Name

Address

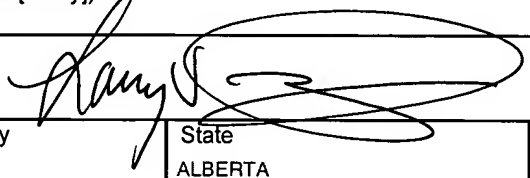
City	State	ZIP

Country	Telephone	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
LARRY VERNE	PEDERSON

Inventor's Signature  Date Feb 27/04

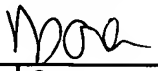
Residence: City	State	Country	Citizenship
MEDICINE HAT	ALBERTA	CANADA	CANADA

Mailing Address
#6, 941 SOUTH RAILWAY STREET SE

City	State	ZIP	Country
MEDICINE HAT	ALBERTA	T1A 2W3	CANADA

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
JOEL CLEMENT LEONARD	DAVID

Inventor's Signature  Date Feb 27, 2004

Residence: City	State	Country	Citizenship
MEDICINE HAT	ALBERTA	CANADA	CANADA

Mailing Address
#6, 941 SOUTH RAILWAY STREET SE

City	State	ZIP	Country
MEDICINE HAT	ALBERTA	T1A 2W3	CANADA

☑ Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))	Family Name or Surname		
DENNIS ROGER	FENRICK		
Inventor's Signature		Date 27 Feb 2004	
SEVEN PERSONS Residence: City	ALBERTA State	CANADA Country	CANADA Citizenship
#6, 941 SOUTH RAILWAY STREET SE Mailing Address			
Mailing Address			
MEDICINE HAT City	ALBERTA State	T1A 2W3 Zip	CANADA Country

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (09-03)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/677,488
Filing Date	October 3, 2003
First Named Inventor	PEDERSON, Larry Verne
Title	Light Therapy Device
Art Unit	2875
Examiner Name	Not known
Attorney Docket Number	44261-15

I hereby appoint:

☑ Practitioners associated with the Customer Number: 23971

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☑ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☑ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	LARRY VERNE PEDERSON		
Signature			
Date	Feb 27/2004	Telephone	(403) 504-1533

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☑ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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☐ The address associated with Customer Number:

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☐ Firm or Individual Name					
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Address					
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Country					
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SIGNATURE of Applicant or Assignee of Record

Name	JOEL CLEMENT LEONARD DAVID		
Signature			
Date	Feb 27 2004	Telephone	503-504-1533

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	DENNIS ROGER FENRICK		
Signature	Dennis Fenrick		
Date	27 Feb 2004	Telephone	403 832-2374

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